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MEDICO –LEGAL ISSUES



MEDICO LEGAL CASE (MLC) :

- can be defined as a case of injury or ailment, etc., in which investigations by the law-enforcing agencies are essential to fix the responsibility regarding the causation of the said injury or ailment.
- In simple language it is a medical case with legal implications for the attending doctor where the attending doctor, after eliciting history and examining the patient, thinks that some investigation by law enforcement agencies is essential



DOCTOR AND MLC

- Every Doctor under law bound by a contract to serve its patient and cannot refuse treatment.
- Every doctor has to fulfill certain legal requirements in service by compulsion or voluntarily as defined under law.
- Medico-legal case (MLC) examination and reporting is one of the legal responsibility of all doctors working in a hospital.





WHY TO MANAGE MLC

- ML cases are just as Non MLC sick/injured patients and the doctor is duty bound to treat as well as document the details.
- It is a Crucial piece of evidence
- *The responsibility to label any case as an MLC rests solely with the attending medical practitioner*

Communication to law enforcing agencies is required under section 39 CrPC



FEAR OF MLC

- Every medical practitioner at any time during the practice of his profession, whether in a government setting or a private one, will encounter/ would have encountered certain cases, which at that given time or subsequently, would be labelled as “**Medico-Legal**”.
- Many a practitioners are usually apprehensive in dealing with these cases as they feel, an MLC (Medico-legal Case) means ‘**Entangling**’ in police cases ‘**indefinite hours**’ to be spent in the court, facing ‘**unrelenting**’ defense counsels.
- Because of this “fear-factor”, they either try to avoid the cases or try to manipulate them as non MLC.
- The best way to deal with these cases is to understand them clearly, analyze them thoroughly, and then act accordingly.



DOCTORS WORKING IN
A PVT. HOSPITAL



REPORT HOMICIDAL POISONING
TO THE POLICE (U/S 39 CRPC)



FAILURE TO DO SO IS
PUNISHABLE U/S 176 IPC



→ If police require information the doctor is bound to supply the information, failure to do so is punishable (175 CrPC)

→ False information given is punishable (u/s 193 CrPC)



RECEIVING A MLC

- **A Doctor can receive a Medico-Legal Case in any of the four situations:**
 1. A case is brought by the police for examination and reporting or order of the Court for medico-legal examination
 2. The person in question was already attended by a doctor and MLC was already registered in a previous hospital and the person is now referred for expert management/advice
 3. When patient himself expresses his intention to register a case against the alleged accused
 4. By the doctor himself after eliciting history and examining the patient, if he feels so that the case in accordance with the law of the land.

In such situation the doctor has to utilize his medical knowledge and judgment to decide whether the case should be treated as MLC or not, specially when the history is not completely revealed, either by the patient or his relatives/ friends, due to some motive.



EXAMPLES OF MEDICO-LEGAL CASES:

(THIS LIST IS NOT COMPREHENSIVE)

- RTA, Rail accidents, Factory accidents or any other unnatural mishaps
- Suspected Homicides, Suicides
- Suspected or evident poisonings, Alcohol intoxication
- Burn injuries due to any cause, Electrocution
- Physical assault cases
- Animal attack, Snake Bite
- Mass food poisoning
- Cases of Sexual Assaults
- Suspected or evident Criminal Abortion
- Injury cases where foul play is suspected
- Injury cases where likelihood of death in near future
- Unconscious cases where cause of it is not clear
- Brought dead cases where foul play is suspected
- Cases referred from Court



BROUGHT DEAD CASES

- All the cases of unnatural deaths like accidents, burns, violence and sexual assault etc. depending on the history obtained from the relatives or police accompanying the case should be labelled as medico legal and all the formalities must be done with informing the police constable on duty.
- In all the brought dead cases where casualty duty officer is very much satisfied after taking history and going through the records available, that the death was natural, he may not label them as medico legal **purely at his discretion.**
- In the death certificate form against the column of cause of death one should write “NOT KNOWN BROUGHT DEAD” In no case it should be mentioned that cause of death should be determined after post mortem.



- Doctor making MLC is a mere legal formality even in brought dead cases. It is practically impossible to diagnose cause of death on external examination, history, etc. It is for the police being law enforcing officer to decide whether it is natural or unnatural death or to submit for PM examination to rule out.
- Many 'wise' doctors mention on record that patient came gasping and they have diagnosed cause of death though case is brought dead!! It is a calculated risk and rather dangerous move because if the case turns to be MLC, you will have to face legal action.
- Act as per law and inform the police and do not be emotional and be carried away by emotional turbulence, psychological trauma, plight of relatives, humanitarian grounds, etc



- According to rules, you have to register it as MLC and inform the police of **all cases of death on arrival/brought dead to Emergency / Casualty.**
- **Tell the relatives/Attendants the legal issues and tell them that it is better to intimate police and Autopsy is conducted to know the exact cause and manner of death.**
- But along with the Legal requirement we may have to consider the humanitarian aspects from the patients' relatives/attendants point of view also.



Practically- If relatives request you to not to inform the police

- Consider the age of the patient, (old age)
- Verify the history,
- Verify all the previous medical records and discuss with the concerned doctor over phone, if possible.
- Examine the body carefully for injuries , ligature mark, or any such suspicious findings
- If you are reasonably sure that no foul play is suspected, release the body & ask them to take certificate of cause of death from their regular medical doctor .
- Mention all the details in the hospital notes and Keep all the records, including the copy of previous medical records




THE BIRTH AND DEATH REGISTRATION ACT IS CLEAR THAT ALL UNATTENDED AND UNCERTIFIED DEATHS ARE TO BE DEALT WITH AS MLC'S.

- The job of a medical officer at casualty is to inform the police in all brought dead cases. It is mandatory.
- DEATH CERTIFICATE SHOULD NOT BE ISSUED IN ALL SUCH CASES.
- Exercise your careful discretion in brought dead female, infant and Mentally retarded
- The first thing we teach students in MLCs is that H/o is not to be believed as it will be malafide most of the times.



**INFORM THE POLICE ALWAYS (EVEN THOUGH THE RELATIVES ARE REQUESTING YOU NOT TO INFORM)-
ALL CASES OF DEATH ON ARRIVAL/BROUGHT DEAD TO EMERGENCY / CASUALTY**

- All suspected unnatural deaths as per history
 - Death of recently married woman,
 - young adult dying suddenly with no proper medical records,
 - If you find any injuries, ligature mark, nail marks and bite marks etc,
 - Signs of poisoning, etc.
 - Exercise your careful discretion in brought dead female, infant and Mentally retarded.
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ALCOHOL & MLC

- Drunken Driving (30mg%)
- Misconduct in public
- Mixed ingestions
- Bombay Prohibition Act
- Chronic Alcoholic- causing trauma leading to Head injury
- Drunken state more prone for vagal inhibition and sudden death
- Hooch tragedy
- **Preserve:**

10 ml blood in sodium fluoride (100mg)+ Potassium oxalate(30 mg)



DOMESTIC VIOLENCE AND ABUSE OF WOMEN.

Domestic violence is a leading cause of injury to women.

It is a pattern of physical assaults, threats, and coercive behaviours used to maintain control over a partner.

Behaviours can include ongoing verbal, emotional, sexual, physical, psychological, and economic abuse, and typically get worse over time.

Such behaviour may result in death, serious injury, isolation and emotional damage for the victims.

The **medical officer** should remain vigilant about such incidences.

CHILD ABUSE

- Instances of child abuse are on the rise.
- Medical Officers **need to be vigilant** in clinical practice to detect these cases.



CONSENT IN MEDICO LEGAL CASES

- CONSENT FOR MEDICO-LEGAL EXAMINATION TO BE TAKEN IN WRITTEN IN ALL CASES.
- Person below 12 yrs/ Unsound mind: the consent of guardian is to be taken

Consent not required:

- Medical Emergencies, Notifiable diseases, Immigrants
- Exception : cases brought by police being arrested on charge of committing offence
- New admission to prisons
- Court orders for examination & treatment
- Under section 53 (1) of Cr.P.C., a person can be examined on request of the police by use of force
- Members of Armed Forces on request of competent authority in writing.
- Consent is not required from relative for **conducting Postmortems.**



IDENTIFICATION POINTS OF THE EXAMINEE

- Two easily accessible identification points to be noted down in the MLC

eg: Moles, scar marks, Tattoos, some old deformity and also Thumb impression

This is for the sake of identification of the person in future as in Court of law



MLC SHOULD BE REGISTERED AS EARLY AS POSSIBLE

- There is no time limit for preparing an MLR or registering a case as MLC.
- A case which otherwise qualifies to be an MLC was not registered earlier is to be registered as MLC by the concerned Doctor.
- A case due to unraveling of new findings- History/Clinical etc later on qualifies to be an MLC to be registered by the concerned Doctor.



DOCUMENTATION OF A MLC

- Documentation is done in duplicate in a set Performa (as per Hospital policy) preferably with a ball-point-pen, in a clear and legible handwriting and in complete words without using shortcuts.
- Cutting/ overwriting etc should be avoided as much as possible and all corrections should be properly initialled. Abbreviations of any sort should be avoided.
- Separate performa may be available for medical examination, examination of drunkenness, etc.
- All columns are filled up carefully and by the same Doctor who had examined the patient.
- Each MLC is given a fresh MLC number sequentially
- The details are completed then and there, leaving no provisions as to be completed later on.



CONTD...

- Investigations advised and finding to be entered
- Treatment given at the site or on reporting .
- The opinion to be recorded in MLC sheet, if opinion cannot be given, under observation be given and signed by the doctor with name written in block letters.
- Final opinion be given by same doctor making MLC in the original MLC sheet, after all investigations are completed.
- After completion the Doctor must sign and mention his/her name in full below it with designation
- Police constable on duty should be informed in each case.
- After registration of a case as MLC thereafter all documents and registration forms bear the same MLC number including the discharge slip.



- The patient is admitted or discharged with advice be entered into the case sheet.
- The doctor examining the patient must complete the MLC sheet before leaving the hospital .
- All MLC X-rays be kept in department as evidence for court of law.
- Special samples taken to be entered into the MLC sheet.
- If the patient is dead or died, handed over to police for post mortem and not to relatives.
- A copy of MLC sheet be handed over to police for further investigation against his signature and belt number on the copy.



TRANSFER OF MLC' S

- The transferring hospital provides medical treatment within its capacity that minimizes the risks to the patient.
- The receiving hospital:
 - (a) has available space and qualified personnel for the treatment; and
 - (b) has agreed to accept transfer and to provide appropriate treatment.
- The transferring hospital sends all medical records (history, examination findings, results of diagnostic tests, provisional diagnosis, and treatment provided) that are available at that time.
- The informed written consent or certification as required.
- The transfer is effected through qualified personnel and transportation equipment to provide life support measures during the transfer.
- *“The Emergency Medical Treatment and Active Labour Act 1986 (EMTALA)”*



GENERAL DETAILS

- 1. Registration number
- 2. MLC no.
- 3. Name
- 4. S/D/W of
- 5. Age
- 6. Sex
- 7. Religion
- 8. Occupation
- 9. Residential address
- 10. Brought by _____
- 11. *Date & time of Examination*
- 12. Name of Police Station



DETAILS OF EXAMINATION

- ALLEGED HISTORY
- TO BE PRECISE AND TO THE POINT
- LEGIBLE / CLEARLY WRITTEN
- DESCRIPTION OF INJURIES
- ABBREVIATIONS AVOIDED
- WHEN IN DOUBT CONSULTATION OBTAINED
- MINOR INJURIES ALSO NOTED IN A CASE OF POLYTRAUMA / MULTIPLE INJURIES

- *MARK OF IDENTIFICATION ARE NOTED AND DOCUMENTED*



ALWAYS TREAT FIRST

- Only then he must register the case as an MLC and/ or intimate the same to the nearest police station, either by telephone or in writing.
- An acknowledgement of receipt of such a message should be taken for future reference.
- A medico-legal register should be maintained in the casualty of every hospital and details of all medico-legal cases should be entered in this register in duplicate/ triplicate.
- This would be of immense help for future reference, when the patient through the court/ the police, requests for a copy of the medico legal report.
- No fresh MLC to be made if MLC has already been made in other hospital to avoid duplication.



TIME LIMIT FOR REGISTERING A MLC

- A medico-legal case should be registered as soon as a doctor suspects foul play or feels it necessary to inform the police at arrival,
- At any time after admission. There should not be any unnecessary delay in doing so.
- A case may be registered as an MLC even if it is brought several days after the incident if suspected.
- *No MLC should be back-dated*



COLLECTION AND PRESERVATION OF SAMPLES

- Gastric lavage, Vomitus in poisoning cases
- Blood in Alcoholic/poisoning cases/drug abuse/ or for DNA test (**preserve in Refridgerator/ or in common salt**)
- Clothes in Assault/Injury/Firearm/Burn cases
- Nail clippings in Assault/Rape cases
- Pellets/Bullet etc if recovered
- Vaginal swabs/ smears /Pubic hairs in Rape cases
- Swabs from firearm entry wounds
- Washing of Hands in Firearm suicide cases



COLLECTION AND PRESERVATION OF SAMPLES

- Urine for pregnancy test in Rape cases
- Undergarments
- Swabs from Glans penis in Rape/Unnatural sexual offences
- Swabs from bite mark for Blood DNA tests
- Nails and Hair in chronic poisoning of Heavy metals
- Any other materials which may be useful in investigation
- Any other exhibit e.g., bottle of poison, tablet or weapon if recovered should be properly labeled and sealed. Sample seal to be given and the endorsement of sample of seal should also be made in MLR



DYING DECLARATION

(SECTION 32 OF THE INDIAN EVIDENCE ACT)

- A dying declaration or statement made by the person on the verge of death as to the cause of his death or as to any of the circumstances of the transaction which resulted in his death, such a statement, oral or in writing, made by the deceased to the witness is a relevant fact and is admissible in evidence.
- Provided it has been made by the deceased while in a fit mental condition as certified by the attending doctor.
- Doctor should intimate the police for calling the Magistrate to record the declaration.
- If there is no time the attending doctor should record the dying declaration in presence of police.



EXAMINATION OF MLC CASES:

- It is preferable that a lady doctor should examine a lady, or, wherever this is not possible, a female attendant (nurse, etc) should be present during the examination.
- If a case is referred from other hospital where medico legal case sheet has been prepared, the findings be attached to the same without making fresh MLC.
- If the date of incidence is delayed and patient brought late, the present findings are to be entered in MLC



DETAILED EXAMINATION TO BE DONE

- There should be detailed examination of patient,
- BP, pulse, colour, consciousness, respiration, alertness etc.
- All injuries to be properly described, length, depth, breadth, margins lacerated or sharps, bleeding, dried.
- Colour of the body, change in colour any part of the body to be clearly mentioned and total number of wounds, ante-mortem bruises.
- Pupil reactions, Conscious level, Any fracture bone or fresh broken tooth.
- Any injury to sensory organs like eyes, nose, ear etc.
- Opinion to be given simple or grievous injury or impression of cause of death by examining doctor.



MASS CASUALTY/DISASTER

- Whenever mass casualty is received in the hospital due to natural /unnatural calamities or disaster all the cases may be labelled as medico legal but injury sheets are made for only critical patients.
- Besides a comprehensive list of other cases may be prepared and can be handed over to the police together with the injury sheets prepared



- **Abetment of Suicide**
(Section 306 IPC)

A person who helps, encourages, or supports someone or causes the person to commit suicide shall be punished for a term of 10 yrs + fine

- **Section 309 IPC- Attempt to commit suicide**

REPEALED BY THE APEX COURT



ADMISSION AND DISCHARGE

- Whenever a medico-legal case is admitted or discharged, the same should be intimated to the nearest police station at the earliest.
- It is always better to inform the police through the casualty of the hospital where the medico-legal register is usually maintained and necessary entries can be made in it.
- While discharging or referring the patient, care should be taken to see that he receives the Discharge Card/Referral Letter, complete with the summary of admission, the treatment given in the hospital and the instructions to the patient to be followed after discharge.
- Failure to do so renders the doctor liable for “negligence” and “deficiency of service”.
- If the patient is not serious and can take care of himself, he may be discharged on his own request, after taking in writing from him that he has been explained the possible outcome of such a discharge and that he is going on his own against medical advice.
- Police have to be informed before the said patient leaves the hospital..



ABSCOND/DEATH OF MEDICO-LEGAL CASE

- In case a person admitted as a medico-legal case expires or absconds, Inform the police immediately.
- Send the body to the hospital mortuary for preservation, till the legal formalities are completed and the police releases the body to the lawful heirs.
- Request a medico-legal Postmortem examination, providing a copy of death summary.
- **DO NOT ISSUE A DEATH CERTIFICATE** before postmortem even if the patient was admitted.
- The dead body should **NEVER** be released to the relatives; it should only be handed over to the police.



CUSTODY OF THE RECORDS

- The Records should be kept under lock and key, in the custody of the doctor concerned or may be kept in a Central Record Room, in hospitals where such facility is available; as per the institution's rules.
- Most hospitals have a policy of maintaining all medico-legal records for variable periods.
- However, as per law, there is no specified time limit after which the MLRs can be destroyed. Hence, they have to be preserved.
- In view of the multitude of cases against the doctors under the Consumer Protection Act, it is advisable to preserve all the MLC records for a period of at least 10years or till the disposal of case by the court.



FINAL OPINION

- Final opinion to be given on the original MLC sheet by the same doctor preparing record depending on investigation findings or treating physician in admitted case.
- Final opinion in the MLC to be given by the hospital where MLC has been made after obtaining a case summary from referred hospital.
- After discharge of the patient or death the MLC record to be sent to MRD for preservation. The doctor needs to give a witness in court as expert witness, if summoned by the Honourable Court.
- At that time he may have to produce the case record or final opinion in front of the magistrate.



'MINI' M.L.C

- Cases who need minor attention as far as treatment is concerned and need not be admitted are seen on attended MLC register and a duplicate copy is taken on the register. Any treatment required is given on an OPD slip and MLC number mentioned on it.
- **EXPERT OPINION** : The cases referred from legal courts/ jails for expert / specialist opinion regarding health of the individual may be entertained in the casualty/ emergency depts. of the hospital through DMS/officer in charge casualty.



- If decision is taken to **make a MLC after admission**, the treating unit doctor (not below the rank of S.R./M.O.) should prepare the injury sheet.
- In Medico legal cases brought dead injury sheet must be prepared where all details about the case may be mentioned.
- If a Medico legal case is referred to the specialty doctor and he wants to admit the case or send the case to home, he must inform the C.M.O. concerned about the same, after examination, so that such an entry may be made in the Medico legal Injury sheet.
- All victims of alleged rape and criminal abortion should be shown to lady doctor for examination and preparation of medico-legal injury sheet and other formalities.
- Consent for medical examination should be taken.



COPY OF MLC TO INDIVIDUALS OTHER THAN POLICE

- A medico legal report is a report given by an expert and is of confidential nature and is not a public document. As such the accused or respondent is not entitled to get a copy of the same during the investigation of the case.
- In such cases a no objection certificate should be obtained from the police authorities investigating the cases , before a copy is supplied.
- In some cases the police ask for a medico legal report after the case has been discharged / expired. It is irregular to issue a medico legal report on the MLC in such cases.
- The police however can ask for any specific information (including the details of injury), which may be supplied to them from record of such case. If needed a fresh MLC be made recording the present findings, after re-examining the patient on new date.



COMMON MISTAKES IN A MLC

Missing.....

- Sign, Date, place
- Consent of the person
- Identification points
- MLC no.
- Nature of injury
- Type of injury
- Short cuts/abbreviations ('CLW'...)
- Dimensions of injury
- Investigations advised
- Police station
- Provisional diagnosis,



SUMMARY

- MLC reports filled legibly
- Avoid superlatives, Abbreviations, Technical jargon
- All relevant details noted
- All related forms are legal documents filled in duplicate with MLC number and details
- All columns are filled and completed
- Confidentiality maintained

-Be Non Judgmental about any case-

-Duty is to examine the patient and document the findings and patient management

-The onus of fixing responsibility of guilty is for the Court



CONCLUSION

- Medico-legal cases have to be dealt with properly, following the latest prevailing guidelines.
- Even if due guidelines/procedures are not followed or not available, these cases pose no problem if one uses proper caution and due care and attention, while dealing with them.
- Proper documentation, Timely information, a Methodical and Thorough Examination including all relevant investigations and referrals, etc, are all that are necessary to see such cases completed successfully.



REMEMBER

- Lifesaving is the foremost duty of a Doctor and a Hospital, in Accident or Medico-legal cases. Patient treatment is priority.
- Doctor has to do is **COMPLETE** the injury sheet, which is a part of the assessment of the patient.
- Medico-legal aspect is always secondary to life saving treatment

DO NOT DELAY IN PROVIDING FIRST AID

GURU YOG BAHADUR HOSPITAL, SHAHJAHANPUR, DELHI-110095

Date of Birth Sex Date of Admission Date of Discharge	Name Address Telephone No.	Occupation Present Illness History of Present Illness	Date of Admission Date of Discharge Date of Death	Name of Referring Doctor Name of Referring Hospital Name of Referring Doctor
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Present Illness History of Present Illness	Physical Examination General Systemic	Laboratory Investigations Hematology Biochemistry Microbiology Pathology	Radiology X-ray Ultrasound CT Scan MRI	Pathology Histology Cytology Immunology Serology
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SPECIAL COPY

Date of Birth Sex Date of Admission Date of Discharge	Name Address Telephone No.	Occupation Present Illness History of Present Illness	Date of Admission Date of Discharge Date of Death	Name of Referring Doctor Name of Referring Hospital Name of Referring Doctor
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WARNING; Practicing medicine now is hazardous & risky, Mutual faith replaced with mutual suspicion

THANK YOU



The best way to deal with medico legal problems is to prevent them